



CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

Creek Way Village Long-Term Care Home
2024-2025

Executive Summary

The 2024–2025 Continuous Quality Improvement (CQI) Report highlights Creek Way Village’s priorities, progress, and outcomes in advancing safe, person-centered care. Anchored in the IHI Model for Improvement and supported by Lean and Kaizen principles, the home focused on four key areas: Access and Flow, Equity, Safety, and Experience.

Key accomplishments include expanded dementia care education, a fully integrated Nurse Practitioner, enhanced programming through multicultural food events, and ongoing upgrades to resident spaces. Feedback from resident and family surveys shaped targeted actions to improve communication, privacy, and programming variety.

Looking ahead to 2025–2026, planned initiatives include strengthening palliative care through RNAO guidelines, improving communication at admission, expanding staff customer service training, and sustaining progress on antipsychotic use. These priorities align with Halton Region’s Services for Seniors Strategic Plan and reflect Creek Way Village’s ongoing commitment to quality, dignity, and person-centered care.

ABOUT CREEK WAY VILLAGE LONG-TERM CARE

Creek Way Village Long-Term Care Residence opened in September 2005 in Burlington, part of the Halton Region. It is home to 144 residents and consists of three floors and five resident home areas. Owned and operated by the Regional Municipality of Halton, Creek Way Village has a strong history of continuous quality improvement. It is recognized as a Long-Term Care Best Practice Spotlight Organization® (LTC-BPSO®) by the Registered Nurses' Association of Ontario (RNAO) and is fully accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) International.

At Creek Way Village, our Philosophy of Care is centered on person-centered care, fostering meaningful connections while respecting each resident's individual needs, values, and preferences. Our Mission is to provide compassionate, person-centered care that upholds dignity, respect, and quality of life for all residents.

MISSION, VISION AND VALUES

MISSION

To provide person-centered care that promotes dignity, respect, and quality of life.

VISION

To achieve excellence in the provision of person-centered care and service that ensures the safety, comfort, dignity, and well-being of each person served.

PHILOSOPHY OF CARE

Our philosophy of person-centered care focuses on making meaningful connections while ensuring residents' and clients' individual needs, values, and preferences guide decision making and personalized care.

CORE VALUES



CONTINUOUS QUALITY IMPROVEMENT

Continuous Quality Improvement (CQI) is a structured, ongoing approach that enables teams to regularly assess how they deliver care, identify opportunities for improvement, test new strategies, and measure whether those changes lead to better outcomes.

Creek Way Village's CQI framework is anchored in the Institute for Healthcare Improvement (IHI) Model for Improvement, a globally recognized methodology for achieving meaningful, sustainable change in healthcare.

This model starts with three key questions:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

These questions guide the use of the Plan-Do-Study-Act (PDSA) cycle, a rapid-cycle testing method used to trial changes on a small scale, study the results, and refine approaches before broader implementation.



In addition, Creek Way Village applies other proven CQI tools and methodologies, including:

- **Lean principles:** Focus on eliminating waste and improving value—like reducing time between a call bell and staff response.
- **Kaizen:** A mindset of continuous, incremental improvement from all team members—not just leadership.

Identifying Areas of Priority

Halton Region's LTC homes are committed to delivering safe, person-centered, and continuously improving care. This commitment is embedded in our strategic and operational plans and guides quality improvement across all programs and services.

To identify priorities for 2024–2025, Creek Way Village applies a multi-source approach that aligns regulatory expectations with performance data and feedback from residents, families, staff, and partners.



This approach includes:

- **Legislation and regulatory compliance:** We ensure all improvement initiatives are aligned with the Fixing Long-Term Care Act, 2021 and Ontario Regulation 246/22, supporting both compliance and strategic advancement.
- **Accreditation standards and best practices:** Our operations follow CARF International accreditation standards and RNAO Best Practice Guidelines (BPGs). These frameworks promote evidence-informed practices.
- **Data-informed decision-making:** We analyze performance data from multiple sources—CIHI indicators, Point Click Care (PCC), Health Quality Ontario (HQQ) benchmarks, and internal program evaluations—to identify trends, monitor outcomes, and target areas for improvement.
- **Internal performance reviews:** Regular audits, incident reviews, and quality assessments help us proactively address risks or inefficiencies.
- **Stakeholder engagement:** Feedback from Resident Council, Family Council, staff, and external partners—plays a vital role in shaping our quality priorities.

Quality Improvement Plans (QIP's)

Our annual Quality Improvement Plan (QIP) reflects the outcome of this priority-setting process and is developed in alignment with Health Quality Ontario's provincial priorities. The 2024–2025 QIPs focuses on four core areas: Access and Flow, Equity, Safety, and Experience. These areas are critical to advancing the quality of care and services delivered in our home and support multi-year efforts to build capacity, responsiveness, and resident satisfaction.

Figure 1: 2024/2025 QIPs Critical Areas for Improvement

Priority Area	Priority Indicator(s)
Access and Flow	<ul style="list-style-type: none"> Reduce the number of potentially avoidable visits to the Emergency Department.
Equity	<ul style="list-style-type: none"> Improve on percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.
Safety	<ul style="list-style-type: none"> Reduce the percentage of residents on antipsychotic medication without a diagnosis of psychosis. Reduce the percentage of LTC home residents who fell in the 30 days leading up to their assessment.
Experience	<ul style="list-style-type: none"> Improve rating on how well staff listen to residents. Improve rating on “I can express my opinion without fear of consequences.”

Performance Monitoring & Measurement

At Creek Way Village, performance monitoring is a cornerstone of our quality improvement strategy. We rely on a robust system of measurement and accountability to ensure that care is not only delivered, but continuously assessed and improved based on outcomes, trends, and stakeholder input. We monitor and evaluate quality across several domains using multiple data sources. This allows us to identify areas of strength, address emerging risks early, and guide evidence-informed decision-making. Key Monitoring Mechanisms Include:

- Home- and program-level performance indicators (clinical and non-clinical)
- Annual Quality Improvement Plan (QIP) indicators
- Incident and risk data
- Satisfaction and experience surveys

Public Reporting and Transparency

Creek Way Village is committed to transparency and contributes to public reporting of resident outcomes through the Canadian Institute for Health Information (CIHI). These performance indicators help benchmark our progress against provincial averages and drive sector-wide learning.

During the 2024-2025 reporting period, Creek Way Village outperformed provincial benchmarks across several key quality indicators. These results reflect the home's ongoing investment in staff training, process improvements, and adherence to best practice guidelines.

Figure 2: Creek Way Village CIHI Performance Indicators 2023-2024		
Quality Indicators	Ontario	Creek Way Village
Falls in the Last 30 Days	16.6%	9.5%
Worsened Pressure Ulcer	2.3%	0.3%
Potentially Inappropriate Use of Antipsychotics	20.5%	10.9%
Restraint Use	1.8%	0.6%
Worsened Depressive Mood	20.8%	9.5%
Experiencing Pain	4.6%	0.9%
Experiencing Worsened Pain	9%	5.7%

Data Source: CIHI Public Reporting Site, Your Health System. Data for the 2024-2025 cycle will be updated in July 2025

Services for Seniors Strategic Plan (2025–2027)

Creek Way Village’s quality improvement priorities are aligned with the Halton Region Services for Seniors Strategic Plan (2025–2027), which sets the direction for delivering person-centered, innovative, and sustainable care for older adults across the Region. This strategic plan is built on Halton Region’s broader vision for growth, well-being, equity, and responsible service delivery.

The Services for Seniors Strategic Plan was developed through extensive engagement with residents, families, staff, and community partners. This collaborative process helped define clear priorities based on what matters most to those who live and work in our homes. The plan is structured around four key themes that reflect both organizational and community values:



Creek Way Village’s CQI efforts—including the development of Quality Improvement Plans (QIPs), dementia care initiatives, and resident engagement strategies—are aligned with these strategic pillars. This alignment ensures that the home’s local quality priorities are not only responsive to resident needs but also integrated into Halton Region’s long-term goals for population health, innovation, and system resilience.

COMMUNICATION STRATEGY

Creek Way Village follows Services for Seniors Communication Plan that is reviewed annually to ensure timely, accessible, and transparent communication with residents, family care partners, and staff. The communications plan outlines the strategies used to distribute communications to various stakeholders, including residents, family care partners, and team members. Services for Seniors utilizes both print and digital communications to maximize accessibility for stakeholders.

Resident & Family Communication

We use monthly newsletters, town halls, memos, posters, and email alerts (via iceAlert) to share updates. Information is regularly presented at Resident and Family Council meetings, which also serve as key forums for gathering feedback and discussing quality improvement initiatives.

Team Communication

Team members receive updates through newsletters, departmental meetings, huddles, memos, CCTV, and urgent postings via the workforce management app. These platforms ensure staff are aware of clinical updates, safety issues, and CQI priorities.

Feedback & Survey Engagement

Feedback is collected through:

- Annual Resident and Family Experience Surveys
- Resident and Family Councils
- Program-specific surveys and direct consultations

The Resident and Family Experience Surveys are analyzed and compared year-over-year to quantify which areas Creek Way Village has been able to improve during the previous years, as well as provide a benchmark to determine priority targets for improvement in the coming year. The home creates Action Plans for priorities identified cross-divisionally, as well as priorities specific to the local home setting. Resident and Family Care Partners are consulted regarding the proposed Action Plans to ensure alignment with their experiences and expectations.

RESIDENT AND FAMILY ENGAGEMENT

Resident Family/Caregivers Experience Survey

At Creek Way Villages, we conduct annual resident and family satisfaction surveys as part of our commitment to providing high-quality care. These surveys are a cornerstone of our engagement with the residents, their families, and the caregivers we serve. The feedback we gather is invaluable as it helps us identify what we do well and potential areas for improvement and reinforces our commitment to enhancing the quality of life within our home.

Survey Administration and Participation

The annual Resident and Family Experience Survey was conducted between August 6 – September 9, 2024. To accommodate all participants, we offer the survey in both digital and print formats. We encourage a high participation rate by actively promoting the survey through various channels such as our monthly newsletters, town hall meetings, and resident and family council meetings.

Results Dissemination and Discussion

Survey results were analyzed and compared year-over-year.

Residents:

- Survey findings were distributed via email on November 26, 2024.
- Results were presented to the Resident Council on February 4 and March 5, 2025.
- Corresponding action plans were shared on May 6, 2025.

Families:

- Survey findings were distributed via email on November 26, 2024.
- Results were presented during the Family Council meeting on November 26, 2024.
- Associated workplans were shared on June 4, 2025.

Staff:

- Survey results were communicated on November 22, 2024, through departmental meetings, internal newsletters, and digital bulletins.
- Workplans were disseminated on April 11, 2025.

These discussions help ensure that everyone involved has a clear understanding of where we excel and where we can improve. We are proactive in implementing changes that reflect the needs and preferences of our residents and their caregivers. This responsive approach is fundamental to our ethos of providing exemplary care and support.

2024 Survey Results



85% Residents are satisfied with overall care and services received in the home



98% Families are satisfied with care and services their loved one receives



89% Residents are are satisfied with the Long-term care as a place to live



96% Families are satisfied with the Long-term care as a place to live



100% Residents would recommend the home to others



96% Families would recommend the home to others

Some highlights collected from the survey include:

- The majority of residents and families feel supported by staff when help is needed (97% resident, 89% family).
- The majority of respondents express satisfaction with Regional staff interactions at Creek Way Village (range between 87% and 95%).
- Residents and families are highly satisfied with the continence care services (91% resident, 93% family) and products (96% resident, 89% family) provided at the homes.

Priority Areas

Survey results were analyzed to identify priority areas to focus our quality improvement work for the coming year. The criteria for identifying priority areas were responses that were below 80% or a Year over Year decrease of 9% or more.

Divisional Priorities

- Improve the quality of external services, including foot care, dental, and hairdressing.
- Improve satisfaction with the long-term care environment around accessibility and home-like environments.
- Improve satisfaction around variety and quality of food
- Review current evening and weekend programs to ensure it meets the needs of residents

Creek Way Village Priority Areas

- Increase variety and amount of activities offered in the home (includes a range of social, physical, spiritual, and recreational activities).
- Increase satisfaction with staff respecting residents' privacy
- Improve Resident satisfaction with communication including timeliness of addressing and following up on resident's concerns, how well staff listen and being involved in decisions about their care.

The following table showcases key outcomes from the satisfaction surveys and their associated action items aimed at achieving the set objectives.

AREA OF FOCUS	KEY ACTIONS	COMPLETION TIMELINE
Medical care received in the home	Implement quarterly education sessions for staff led by the nurse practitioners on trending clinical concerns identified through incident reports, audits, and resident feedback. Track participation and post-session knowledge checks.	December 30 th , 2025
Involvement in decisions about your care	Formalize a care conference invitation and feedback process, ensuring residents are consistently invited and post-conference satisfaction is documented through a brief survey.	December 30 th , 2025
Information to make care decisions	Integrate a standardized 1-page care summary into the palliative care workflow and verify distribution during all conferences. Audit compliance quarterly.	December 30 th , 2025
Quality of food	Launch a structured mealtime feedback system to identify key concerns (e.g., temperature, freshness, variety). Track issue resolution and monitor satisfaction changes quarterly.	June 30 th , 2025
Variety of menu choices	Establish a resident-led food committee to co-design monthly themed meals and introduce at least one new resident-suggested item per month based on survey data.	June 30 th , 2025
External service providers eg PT/OT/Hairdressing/Dental care/Eye care	<ul style="list-style-type: none"> Introduce a weekly PT/OT schedule tracker. Conduct monthly audits of resident sessions and maintain biweekly check-ins with the LifeMark team to adjust programming. Re-establish hairdressing services with a signed contract and biannual vendor performance review. Monitor resident satisfaction quarterly through surveys. Schedule quarterly on-site dental visits and document resolution timelines for any raised concerns. Include vendor participation in Family Council 	June 25 th 2025 and ongoing in 2025

AREA OF FOCUS	KEY ACTIONS	COMPLETION TIMELINE
	<p>twice a year.</p> <ul style="list-style-type: none"> Establish quarterly optometry visits with resident/family feedback captured post-visit. Ensure follow-up on any unresolved care concerns by the next meeting. 	
Amount of Programs/Activities	Increase programming by allocating staffing strategically during evenings and weekends. Track participation by program type and adjust based on engagement data.	June 30 th , 2025
Variety of programs/Activities	Implement 1–2 new monthly program types (e.g., VR, spiritual, social outings), rotating quarterly. Measure participation and gather feedback post-event	June 30 th , 2025

Quality Improvement Initiatives 2024-2025

In 2024-2025 Creek Way Village achieved success in the following areas:

- As part of our Dementia Strategy. Staff received various educational programs, including the Gentle Persuasive Approach, Living the Dementia Journey, The Working Mind, and person-centered culture training. This work began September 2024 and will continue throughout 2024
- Dementia Dialogues continued for family care partners, offering knowledge and strategies to support and engage individuals with dementia. These sessions began in October 2024; 1-2 sessions were held monthly.
- A Nurse Practitioner (NP) was successfully recruited and oriented in the home. The NP has been a valuable asset in reducing unnecessary emergency department transfers and delivering high-quality healthcare services to resident.
- The Life Enrichment and Nutrition Services teams collaborated to expand food-related programs for residents. New monthly featured specials were introduced, along with Breakfast and Dinner Clubs, where residents select multicultural themes. This work began in June 2024 and continued in 2025.
- To enhance the resident experience, renovations of all tub/shower rooms began in September 2024. Aging furniture was replaced, and lighting retrofits in resident rooms and common areas were completed.

Looking Ahead: Priorities for 2025-2026

In 2025, Creek Way Village has several planned initiatives to improve the resident experience:

- Expand staff training opportunities to improve communication skills and ensure excellence in customer service these sessions will be held before June 30th, 2025.
- Plan and implement resident and family information sessions, to ensure they receive clear and comprehensive details about in-home care options upon admission into the LTC home this work will begin in April 2025.
- Maintain the percentage of LTC residents without psychosis who receive antipsychotic medication within seven days before their assessment below the provincial average.

- Strengthen palliative care practices by integrating RNAO guidelines, enhancing end-of-life care for residents and families, and incorporating palliative care conferences.

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